SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	13/10/2020 13:24	
Date Of Accident	12/10/2020 07:45	
Exact Location Of Accident	CARPARK AT CAMPUS @ YISHUN	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC6749P	
Insured/Policyholder		
Name Of Registered Owner	ZHANG WENJUAN	
NRIC No	S8979014Z	
Email Address	ZOEZHANG_MDCE@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-92953815	
Alternative Phone No	OTHERS-92953815	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	PRIUS PLUS-1.8 (A)	
Exact Purpose for which vehicle was being used a time of accident	at	

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY PRIVATE CAR Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number D20MPC0000620

Cover Note Number

Driver

Name of Driver LIN QIULAN NRIC No S2747841G Date Of Birth 20/08/1965 Occupation **INDOOR Date Of Driving Pass** 28/10/2008

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98797365

Fax Number

Contact Number

EMail Address NOEMAIL

BLK. 209 YISHUN ST. 21 Address

#10-135

Postcode 760209

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

NO

5

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : ZHANG WENJUAN

GENDER: : FEMALE

Passenger 2 NAME: : LIN JINGXI

> GENDER: : FEMALE

Passenger 3 NAME: : LIN JINGRONG

> GENDER: : MALE

Passenger 4 NAME: : LIN JINGCHEN

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE ABOVE DATE & TIME, I REVERSED MY CAR REG NO SMC6749P HIT ONTO PARKED VEHICLE REG NO SMH6712P AT CARPARK IN CAMPUS @ YISHUN WHICH LOCATED AT 61 YISHUN AVE 11 SINGAPORE 768866.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMH6712T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

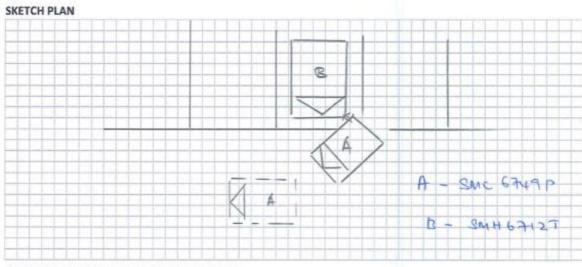
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Name: #07-100 Amiliarly moustrial Park
NRIC/FIN No.: Songapore 767-90

GIARMC ShetchPlanForm_V3

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Mentres take x time, I reversed my
car my no suc 6749P hit out parked which my no
SMH 6712P at carpar in Campus @ yishing which
located at G1 Sizhun Ave 11 Spri Fed866)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

SIARMC SketchFlanForm_V3

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Y 追友成汽车服装和人有限公司 Reporting Chitter Politich a German Perk East 1 Name: 38 Woodlands Industrial Park East 1 #07-11 Addhirally Industrial Park NRIC/FIN No.: Sidospote 752700 Tel: 6219 2098 (3lines) Fax: 8219 2096

INS CERT



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office (65) 63476120 Email Insure@til.com.ag Fax (65) 62244174 Website www.iii.com.ag

COVER: COMPREHENSIVE

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER H9)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MPC0000620

SMC6749P

1. Index Mark and Registration Number of Vehicle

: JTDZS3EUX0J029806 : ZHANG WENJUAN

2. Name of Policyholder 3 Effective date of Insurance

: 16 Jan 2020

4. Expiry date of Insurance

: 15 Jan 2021

5. Persons or Classes of Persons entitled to drive*

Any person other than the Policyholder who is driving on the policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial, speed-testing.
- Use for the carriage of goods other than samples in connection with any trade or business.
- d) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Insured & Name Drivers Excess Section I	SGD	750.00
Unnamed drivers Excess Section I	SGD	1,250.00
Windscreen Excess	SGD	100.00
Hire Purchase Company :	Hong Leong Finance Limited	

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE

Date of Issue : 14/01/2020 11:29:00 MX12 - Private Car (Insured Not Driving) For India International Insurance Pte Ltd

Authorised Signatory



